

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030425

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 89

Primary Registration District No. 4142

Registrar's No. 14

STATE FILE NUMBER

FILED SEP 12 1962

1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RUSSELLVILLE

Length of stay in 1b

3 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 421 SIMPSON

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

COLE

Inside Limits

Yes ☒ No ☐

c. CITY

RUSSELLVILLE

OR TOWN

d. STREET

421 SIMPSON

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FRANCIS OSBORN DAWSON

4. DATE

OF DEATH

Month

Day

Year

SEPT. 5 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

APRIL 24 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

COLE COUNTY MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WM. R. DAWSON

13b. MOTHER'S MAIDEN NAME

ELLEN FARMER

14. NAME OF HUSBAND OR WIFE

BERTHA DAWSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

2 BERTHA DAWSON

Address

RUSSELLVILLE MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Instant

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Man died suddenly unattended.

20c. TIME OF INJURY

Hour Month, Day Year

3:00 p.m.

9/5/62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Russellville

COUNTY

MO.

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____

3:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clarence H. Corcoran, Coroner Cole County

22b. ADDRESS

1436 Green Berry Road Jefferson City Mo

22c. DATE SIGNED

9/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

SEPT. 7 1962

23c. NAME OF CEMETERY OR CREMATORY

ENLOE CEMETERY

23d. LOCATION (City, town or county)

MONTEAU COUNTY MO.

(State)

24. FUNERAL DIRECTOR

Scripps-Stevenson

ADDRESS

Russellville

25. DATE RECD. BY LOCAL REG.

Sept. 7

26. REGISTRAR'S SIGNATURE

Minnie H. Hatten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

b260

20260

3

4 0

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94201

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1270-3

132-0

SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision:

Student _____
Signature of Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address

Lower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.